CAPESIDE COVE GOOD SAMARITAN CENTER

23926 FOURTH AVENUE SOUTH

SIREN 54872 Phone: (715) 349-2292	2	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	80	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	80	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	66	Average Daily Census:	68

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	%	Age Groups 	*		36.4 36.4
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	27.3
Mental Illness (Org./Psy)	24.2	65 - 74	9.1		
Mental Illness (Other)	13.6	75 - 84	33.3		100.0
Alcohol & Other Drug Abuse	3.0	85 - 94	50.0		
Para-, Quadra-, Hemiplegic	1.5	95 & Over	7.6	Full-Time Equivalent	
Cancer	1.5			Nursing Staff per 100 Resid	lents
Fractures	4.5	İ	100.0	(12/31/05)	
Cardiovascular	4.5	65 & Over	100.0		
Cerebrovascular	12.1			RNs	12.8
Diabetes	7.6	Gender	%	LPNs	4.9
Respiratory	7.6			Nursing Assistants,	
Other Medical Conditions	19.7	Male	37.9	Aides, & Orderlies	39.2
		Female	62.1		
	100.0	İ			
		İ	100.0		

## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	!		amily Care		İ	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	4	8.2	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	6.1
Skilled Care	5	100.0	317	40	81.6	118	0	0.0	0	9	90.0	145	0	0.0	0	1	100.0	315	55	83.3
Intermediate				5	10.2	98	1	100.0	171	1	10.0	137	0	0.0	0	0	0.0	0	7	10.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		49	100.0		1	100.0		10	100.0		0	0.0		1	100.0		66	100.0

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Admissions, Discharges, and Deaths During Reporting Period					services, air	d Activities as of 12/	
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	17.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.0		68.2	28.8	66
Other Nursing Homes	2.7	Dressing	27.3		56.1	16.7	66
Acute Care Hospitals	79.7	Transferring	37.9		51.5	10.6	66
Psych. HospMR/DD Facilities	0.0	Toilet Use	30.3		59.1	10.6	66
Rehabilitation Hospitals	0.0	Eating	74.2		18.2	7.6	66
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	74	Continence		용	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.0	Receiving Resp	iratory Care	10.6
Private Home/No Home Health	29.1	Occ/Freq. Incontiner	nt of Bladder	50.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	8.9	Occ/Freq. Incontiner	nt of Bowel	19.7	Receiving Suct	ioning	0.0
Other Nursing Homes	11.4	İ			Receiving Osto	my Care	1.5
Acute Care Hospitals	3.8	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	18.2	Receiving Mech	anically Altered Diets	19.7
Rehabilitation Hospitals	0.0	<u> </u>					
Other Locations	2.5	Skin Care			Other Resident C	haracteristics	
Deaths	43.0	With Pressure Sores		1.5	Have Advance D	irectives	77.3
Total Number of Discharges		With Rashes		1.5	Medications		
(Including Deaths)	79	İ			Receiving Psyc	hoactive Drugs	57.6

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	******	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	%	Ratio	90	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.0	88.2	0.96	86.9	0.98	86.0	0.99	88.1	0.97
Current Residents from In-County	65.2	78.9	0.83	73.2	0.89	74.9	0.87	77.6	0.84
Admissions from In-County, Still Residing	24.3	21.3	1.14	20.6	1.18	19.6	1.24	18.1	1.34
Admissions/Average Daily Census	108.8	131.9	0.82	123.3	0.88	139.3	0.78	162.3	0.67
Discharges/Average Daily Census	116.2	132.7	0.88	123.8	0.94	139.6	0.83	165.1	0.70
Discharges To Private Residence/Average Daily Census	44.1	51.9	0.85	53.9	0.82	64.3	0.69	74.8	0.59
Residents Receiving Skilled Care	89.4	96.4	0.93	96.4	0.93	96.4	0.93	92.1	0.97
Residents Aged 65 and Older	100	95.6	1.05	93.0	1.08	92.9	1.08	88.4	1.13
Title 19 (Medicaid) Funded Residents	74.2	68.6	1.08	69.6	1.07	69.8	1.06	65.3	1.14
Private Pay Funded Residents	15.2	22.7	0.67	20.3	0.75	19.0	0.80	20.2	0.75
Developmentally Disabled Residents	0.0	0.5	0.00	0.7	0.00	0.7	0.00	5.0	0.00
Mentally Ill Residents	37.9	37.6	1.01	37.2	1.02	34.7	1.09	32.9	1.15
General Medical Service Residents	19.7	18.0	1.10	19.6	1.01	21.9	0.90	22.8	0.87
Impaired ADL (Mean)	40.6	46.8	0.87	46.7	0.87	47.4	0.86	49.2	0.82
Psychological Problems	57.6	58.4	0.99	57.3	1.01	59.0	0.98	58.5	0.98
Nursing Care Required (Mean)	4.4	6.9	0.63	6.7	0.65	7.2	0.61	7.4	0.59